

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90094 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000053261

1. Corporation Name
TELEAMERICAS, INC.

Principal Place of Business 3530 MYSTIC POINTE DR. #2503 AVENTURA FL 33180	Mailing Address 3530 MYSTIC POINTE DR. #2503 AVENTURA FL 33180
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9881 E Broadview Dr Suite, Apt. #, etc. 22 City & State 23 Bay Harbor Island FL Zip Country 24 33154 25	2a. Mailing Address 26 9881 E Broadview Dr Suite, Apt. #, etc. 27 City & State 28 Bay Harbor Island FL Zip Country 29 33154 30
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3. Date Incorporated or Qualified 06/19/1996	4. FEI Number 65-0679283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

STERENFELD, JACKS
 3530 MYSTIC POINTE DR, #2503
 AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name Sterenfeld, Jacks
82 Street Address (P.O. Box Number is Not Acceptable) 9881 E Broadview Dr
83
84 City Bay Harbor Island FL 85 Zip Code 33154

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	STERENFELD, JACKS
STREET ADDRESS	3530 MYSTIC POINTE DR, #2503
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9881 E Broadview Dr
1.4 CITY-ST-ZIP	Bay Harbor Island, FL 33154
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jacks Sterenfeld* Jacks Sterenfeld X 4/29/99 (305) 868-8820

DATE: 4/29/99 DAYTIME PHONE: (305) 868-8820

CR2E034 (11/98)